

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Baxter Healthcare Political Action Committee

ADDRESS (number and street) ▼

1501 K Street, NW

Suite 375

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00117838

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

through

M M M / D D D / Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sarah Creviston

Signature of Treasurer

Sarah Creviston

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		79859.96
(b) Cash on Hand at Beginning of Reporting Period.....	37776.87	
(c) Total Receipts (from Line 19)	15279.06	135477.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53055.93	215337.66
7. Total Disbursements (from Line 31)	5698.54	167980.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47357.39	47357.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
10 16 2014

To:

M M / D D / Y Y Y Y Y
11 24 2014**I. Receipts**
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

13754.78

87397.76

(ii) Unitemized

1524.28

45881.25

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

15279.06

133279.01

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

15279.06

133279.01

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

2198.69

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

15279.06

135477.70

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

15279.06

135477.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	31.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	31.73
22. Transfers to Affiliated/Other Party Committees.....	2198.54	2198.54
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	133500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1000.00	32250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5698.54	167980.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5698.54	167980.27

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15279.06	133279.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15279.06	133279.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	31.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	31.73

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 174

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen Andrews

Mailing Address 10146 E Morning Star Dr

City

Scottsdale

State

AZ

Zip Code

85255-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

BioT Principal TBM Pulmonary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.88

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-60

Amount of Each Receipt this Period

13.67

Full Name (Last, First, Middle Initial)

B. Karen Andrews

Mailing Address 10146 E Morning Star Dr

City

Scottsdale

State

AZ

Zip Code

85255-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

BioT Principal TBM Pulmonary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.88

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-88

Amount of Each Receipt this Period

13.67

Full Name (Last, First, Middle Initial)

C. Karen Andrews

Mailing Address 10146 E Morning Star Dr

City

Scottsdale

State

AZ

Zip Code

85255-8620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

BioT Principal TBM Pulmonary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.88

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-94

Amount of Each Receipt this Period

13.67

SUBTOTAL of Receipts This Page (optional)..... ►

41.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 174

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Baughman

Mailing Address 5343 N Lakewood Ave

City	State	Zip Code
Chicago	IL	60640-2208

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : 20141103165247-208

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael J. Baughman

Mailing Address 5343 N Lakewood Ave

City	State	Zip Code
Chicago	IL	60640-2208

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

Transaction ID : 201412021380-72

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Michael J. Baughman

Mailing Address 5343 N Lakewood Ave

City	State	Zip Code
Chicago	IL	60640-2208

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2014

Transaction ID : 2014120213733-79

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ▶

300.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 174

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julia A. Bean

Mailing Address 7731 148th St

City

Scotch Grove

State

IA

Zip Code

52310-7459

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Quality Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-57

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Julia A. Bean

Mailing Address 7731 148th St

City

Scotch Grove

State

IA

Zip Code

52310-7459

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Quality Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-83

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Julia A. Bean

Mailing Address 7731 148th St

City

Scotch Grove

State

IA

Zip Code

52310-7459

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Quality Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-86

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey A. Beck

Mailing Address 195 N Harbor Dr
Apt 802

City State Zip Code
Chicago IL 60601-7519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-199

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Jeffrey A. Beck

Mailing Address 195 N Harbor Dr
Apt 802

City State Zip Code
Chicago IL 60601-7519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-39

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Jeffrey A. Beck

Mailing Address 195 N Harbor Dr
Apt 802

City State Zip Code
Chicago IL 60601-7519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-37

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Kevin Beckham

Mailing Address 1224 Grace Ln

City

Mountain Home

State

AR

Zip Code

72653-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-205

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. William Kevin Beckham

Mailing Address 1224 Grace Ln

City

Mountain Home

State

AR

Zip Code

72653-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-62

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. William Kevin Beckham

Mailing Address 1224 Grace Ln

City

Mountain Home

State

AR

Zip Code

72653-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-58

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 174

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mariko Bennett

Mailing Address 1772 Dryden Way

City State Zip Code
 Crofton MD 21114-1436

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 10 24 2014

Transaction ID : 20141103165247-124

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Mariko Bennett

Mailing Address 1772 Dryden Way

City State Zip Code
 Crofton MD 21114-1436

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 11 07 2014

Transaction ID : 201412021380-193

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Mariko Bennett

Mailing Address 1772 Dryden Way

City State Zip Code
 Crofton MD 21114-1436

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 11 21 2014

Transaction ID : 2014120213733-198

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Edwin A. Betancourt

Mailing Address 2704 Oakmont Ct

City

Weston

State

FL

Zip Code

33332-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, Ops - MP LA Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1308.78

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-159

Amount of Each Receipt this Period

54.76

Full Name (Last, First, Middle Initial)

B. Edwin A. Betancourt

Mailing Address 2704 Oakmont Ct

City

Weston

State

FL

Zip Code

33332-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, Ops - MP LA Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1308.78

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-232

Amount of Each Receipt this Period

54.76

Full Name (Last, First, Middle Initial)

C. Edwin A. Betancourt

Mailing Address 2704 Oakmont Ct

City

Weston

State

FL

Zip Code

33332-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, Ops - MP LA Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1308.78

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-242

Amount of Each Receipt this Period

54.76

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

164.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Simon Bhasin

Mailing Address 5172 Ohio St

City

Yorba Linda

State

CA

Zip Code

92886-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, ePedigree Program

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
10 / 24 / 2014

Transaction ID : 20141103165247-62

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Simon Bhasin

Mailing Address 5172 Ohio St

City

Yorba Linda

State

CA

Zip Code

92886-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, ePedigree Program

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
11 / 07 / 2014

Transaction ID : 201412021380-86

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Simon Bhasin

Mailing Address 5172 Ohio St

City

Yorba Linda

State

CA

Zip Code

92886-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, ePedigree Program

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : 2014120213733-90

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paulo Bolgar

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, HR-BGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-167

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Paulo Bolgar

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, HR-BGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-256

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Paulo Bolgar

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, HR-BGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-258

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Linda K. Boltz

Mailing Address 315 Park Dr

City

Palatine

State

IL

Zip Code

60067-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-240

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Linda K. Boltz

Mailing Address 315 Park Dr

City

Palatine

State

IL

Zip Code

60067-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-152

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Linda K. Boltz

Mailing Address 315 Park Dr

City

Palatine

State

IL

Zip Code

60067-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-156

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 174

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. **Melissa K. Bowie**

Mailing Address 345 North Lasalle Boulevard
Unit 4307

City State Zip Code
Chicago IL 60654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-131

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. **Melissa K. Bowie**

Mailing Address 345 North Lasalle Boulevard
Unit 4307

City State Zip Code
Chicago IL 60654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-206

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. **Melissa K. Bowie**

Mailing Address 345 North Lasalle Boulevard
Unit 4307

City State Zip Code
Chicago IL 60654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-205

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregg Boyer

Mailing Address 242 W Waltann Ln

City State Zip Code
 Phoenix AZ 85023-3666

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, Sales - National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 24 2014

Transaction ID : 20141103165247-89

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Gregg Boyer

Mailing Address 242 W Waltann Ln

City State Zip Code
 Phoenix AZ 85023-3666

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, Sales - National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 07 2014

Transaction ID : 201412021380-135

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Gregg Boyer

Mailing Address 242 W Waltann Ln

City State Zip Code
 Phoenix AZ 85023-3666

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, Sales - National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 21 2014

Transaction ID : 2014120213733-138

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 174
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Bradley

Mailing Address 137 Glenview Dr

City State Zip Code
Martinez CA 94553-5863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Healthcare Econ & Reimburs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-19

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Michael Bradley

Mailing Address 137 Glenview Dr

City State Zip Code
Martinez CA 94553-5863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Healthcare Econ & Reimburs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-28

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Michael Bradley

Mailing Address 137 Glenview Dr

City State Zip Code
Martinez CA 94553-5863

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Healthcare Econ & Reimburs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-32

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 174

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jan M. Brase

Mailing Address 15 Manitoba Woods Ln

City

Spencerport

State

NY

Zip Code

14559-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-136

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jan M. Brase

Mailing Address 15 Manitoba Woods Ln

City

Spencerport

State

NY

Zip Code

14559-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-210

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jan M. Brase

Mailing Address 15 Manitoba Woods Ln

City

Spencerport

State

NY

Zip Code

14559-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-217

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tywnia Brewton

Mailing Address 36214 N Back Bay Ct

City State Zip Code
 Gurnee IL 60031-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
 10 / 24 / 2014

Transaction ID : 20141103165247-81

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Tywnia Brewton

Mailing Address 36214 N Back Bay Ct

City State Zip Code
 Gurnee IL 60031-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
 11 / 07 / 2014

Transaction ID : 201412021380-111

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Tywnia Brewton

Mailing Address 36214 N Back Bay Ct

City State Zip Code
 Gurnee IL 60031-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
 11 / 21 / 2014

Transaction ID : 2014120213733-111

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Katrina Britton

Mailing Address 1250 Graynold Ave

City	State	Zip Code
Glendale	CA	91202-2021

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : 20141103165247-162

Amount of Each Receipt this Period

12.04

Full Name (Last, First, Middle Initial)

B. Katrina Britton

Mailing Address 1250 Graynold Ave

City	State	Zip Code
Glendale	CA	91202-2021

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : 201412021380-248

Amount of Each Receipt this Period

12.04

Full Name (Last, First, Middle Initial)

C. Katrina Britton

Mailing Address 1250 Graynold Ave

City	State	Zip Code
Glendale	CA	91202-2021

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : 2014120213733-252

Amount of Each Receipt this Period

12.04

SUBTOTAL of Receipts This Page (optional)..... ►

36.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan K. Brown

Mailing Address 917 Geneva St

City

Glendale

State

CA

Zip Code

91207-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg - Plasma

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1833.23

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-173

Amount of Each Receipt this Period

78.72

Full Name (Last, First, Middle Initial)

B. Susan K. Brown

Mailing Address 917 Geneva St

City

Glendale

State

CA

Zip Code

91207-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg - Plasma

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1833.23

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-259

Amount of Each Receipt this Period

78.72

Full Name (Last, First, Middle Initial)

C. Susan K. Brown

Mailing Address 917 Geneva St

City

Glendale

State

CA

Zip Code

91207-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg - Plasma

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1833.23

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-263

Amount of Each Receipt this Period

78.72

SUBTOTAL of Receipts This Page (optional)..... ►

236.16

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sebastian J. Bufalino

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061-2572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1673.04

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-32

Amount of Each Receipt this Period

70.19

Full Name (Last, First, Middle Initial)

B. Sebastian J. Bufalino

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061-2572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1673.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-264

Amount of Each Receipt this Period

70.19

Full Name (Last, First, Middle Initial)

C. Sebastian J. Bufalino

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061-2572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1673.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-49

Amount of Each Receipt this Period

70.19

SUBTOTAL of Receipts This Page (optional)..... ►

210.57

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph J. Burkard

Mailing Address 1102 W Alexandria St

City

Arlington Heights

State

IL

Zip Code

60004-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director of IT Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-123

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Joseph J. Burkard

Mailing Address 1102 W Alexandria St

City

Arlington Heights

State

IL

Zip Code

60004-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director of IT Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-194

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Joseph J. Burkard

Mailing Address 1102 W Alexandria St

City

Arlington Heights

State

IL

Zip Code

60004-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director of IT Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-197

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gavin Campbell

Mailing Address 14295 W Lyle Ct

City

Libertyville

State

IL

Zip Code

60048-4835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing US BGR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-229

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Gavin Campbell

Mailing Address 14295 W Lyle Ct

City

Libertyville

State

IL

Zip Code

60048-4835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing US BGR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-133

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Gavin Campbell

Mailing Address 14295 W Lyle Ct

City

Libertyville

State

IL

Zip Code

60048-4835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing US BGR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-137

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sandra Canavaggio

Mailing Address 1158 Lynette Dr

City

Lake Forest

State

IL

Zip Code

60045-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-225

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Sandra Canavaggio

Mailing Address 1158 Lynette Dr

City

Lake Forest

State

IL

Zip Code

60045-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-252

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Sandra Canavaggio

Mailing Address 1158 Lynette Dr

City

Lake Forest

State

IL

Zip Code

60045-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-254

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 174

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dori Capretti

Mailing Address 2420 Sidney St

City
Pittsburgh

State Zip Code
PA 15203-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Payor Account Exec, Bio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-259

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dori Capretti

Mailing Address 2420 Sidney St

City
Pittsburgh

State Zip Code
PA 15203-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Payor Account Exec, Bio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-205

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dori Capretti

Mailing Address 2420 Sidney St

City
Pittsburgh

State Zip Code
PA 15203-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Payor Account Exec, Bio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-211

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laureen Marie Cassidy

Mailing Address 1721 Dewes St

City
Glenview

State
IL

Zip Code
60025-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-117

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Laureen Marie Cassidy

Mailing Address 1721 Dewes St

City
Glenview

State
IL

Zip Code
60025-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-182

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Laureen Marie Cassidy

Mailing Address 1721 Dewes St

City
Glenview

State
IL

Zip Code
60025-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-188

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 174

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald D. Chase

Mailing Address 1090 Medford Rd

City

Pasadena

State

CA

Zip Code

91107-1701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, IT - BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-44

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Ronald D. Chase

Mailing Address 1090 Medford Rd

City

Pasadena

State

CA

Zip Code

91107-1701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, IT - BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-65

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Ronald D. Chase

Mailing Address 1090 Medford Rd

City

Pasadena

State

CA

Zip Code

91107-1701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, IT - BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-68

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eileen Cherry Clark

Mailing Address 120 Roslyn Rd

City

Barrington

State

IL

Zip Code

60010-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

BCU, Sr Relationship Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-192

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Eileen Cherry Clark

Mailing Address 120 Roslyn Rd

City

Barrington

State

IL

Zip Code

60010-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

BCU, Sr Relationship Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-34

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Eileen Cherry Clark

Mailing Address 120 Roslyn Rd

City

Barrington

State

IL

Zip Code

60010-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

BCU, Sr Relationship Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-33

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 174

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Harriet Clemons

Mailing Address 1255 Town Center Rd
Unit 3Q

City State Zip Code
Vernon Hills IL 60061-4194

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-132

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Harriet Clemons

Mailing Address 1255 Town Center Rd
Unit 3Q

City State Zip Code
Vernon Hills IL 60061-4194

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-207

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Harriet Clemons

Mailing Address 1255 Town Center Rd
Unit 3Q

City State Zip Code
Vernon Hills IL 60061-4194

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-212

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Coin

Mailing Address 1006 S St NW

City

Washington

State

DC

Zip Code

20001-5073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Public and Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1118.04

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-256

Amount of Each Receipt this Period

46.85

Full Name (Last, First, Middle Initial)

B. Mark Coin

Mailing Address 1006 S St NW

City

Washington

State

DC

Zip Code

20001-5073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Public and Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1118.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-187

Amount of Each Receipt this Period

46.85

Full Name (Last, First, Middle Initial)

C. Mark Coin

Mailing Address 1006 S St NW

City

Washington

State

DC

Zip Code

20001-5073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Public and Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1118.04

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-191

Amount of Each Receipt this Period

46.85

SUBTOTAL of Receipts This Page (optional)..... ►

140.55

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sarah L. Creviston

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010-6950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2839.44

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-202

Amount of Each Receipt this Period

118.95

Full Name (Last, First, Middle Initial)

B. Sarah L. Creviston

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010-6950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2839.44

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-54

Amount of Each Receipt this Period

118.95

Full Name (Last, First, Middle Initial)

C. Sarah L. Creviston

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010-6950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2839.44

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-55

Amount of Each Receipt this Period

118.95

SUBTOTAL of Receipts This Page (optional)..... ►

356.85

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Margarita Cruz-casse

Mailing Address 153 Calle Violeta

City

San Juan

State

PR

Zip Code

00927-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1389.96

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-16

Amount of Each Receipt this Period

58.13

Full Name (Last, First, Middle Initial)

B. Margarita Cruz-casse

Mailing Address 153 Calle Violeta

City

San Juan

State

PR

Zip Code

00927-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1389.96

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-26

Amount of Each Receipt this Period

58.13

Full Name (Last, First, Middle Initial)

C. Margarita Cruz-casse

Mailing Address 153 Calle Violeta

City

San Juan

State

PR

Zip Code

00927-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1389.96

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-28

Amount of Each Receipt this Period

58.13

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

174.39

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles W. Cush

Mailing Address 815 N Webster St

City
Naperville

State Zip Code
IL 60563-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing - Nutrition

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-138

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Charles W. Cush

Mailing Address 815 N Webster St

City
Naperville

State Zip Code
IL 60563-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing - Nutrition

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-220

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Charles W. Cush

Mailing Address 815 N Webster St

City
Naperville

State Zip Code
IL 60563-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing - Nutrition

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-225

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald L. Czaplicki

Mailing Address 17525 W Cottonwood Ct

City
Grayslake

State Zip Code
IL 60030-1998

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Strategic Pricing & Contr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-22

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Ronald L. Czaplicki

Mailing Address 17525 W Cottonwood Ct

City
Grayslake

State Zip Code
IL 60030-1998

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Strategic Pricing & Contr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-35

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Ronald L. Czaplicki

Mailing Address 17525 W Cottonwood Ct

City
Grayslake

State Zip Code
IL 60030-1998

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Strategic Pricing & Contr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-40

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 174

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Salvatore S. Dadouche

Mailing Address 868 Interlaken Dr

City

Lake Zurich

State

IL

Zip Code

60047-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Comp, Benefits & HR Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : 20141103165247-176

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Salvatore S. Dadouche

Mailing Address 868 Interlaken Dr

City

Lake Zurich

State

IL

Zip Code

60047-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Comp, Benefits & HR Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

Transaction ID : 201412021380-8

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Salvatore S. Dadouche

Mailing Address 868 Interlaken Dr

City

Lake Zurich

State

IL

Zip Code

60047-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Comp, Benefits & HR Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2014

Transaction ID : 2014120213733-7

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lawrence E. Davis

Mailing Address 8768 Gum Tree Cv

City State Zip Code
 Cordova TN 38018-7659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 24 2014

Transaction ID : 20141103165247-172

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Lawrence E. Davis

Mailing Address 8768 Gum Tree Cv

City State Zip Code
 Cordova TN 38018-7659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 07 2014

Transaction ID : 201412021380-209

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lawrence E. Davis

Mailing Address 8768 Gum Tree Cv

City State Zip Code
 Cordova TN 38018-7659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 21 2014

Transaction ID : 2014120213733-206

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barry M. Deutsch

Mailing Address 2330 W Course Dr

City

Riverwoods

State

IL

Zip Code

60015-1768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP I, Business Development

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1166.40

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-222

Amount of Each Receipt this Period

48.81

Full Name (Last, First, Middle Initial)

B. Barry M. Deutsch

Mailing Address 2330 W Course Dr

City

Riverwoods

State

IL

Zip Code

60015-1768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP I, Business Development

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1166.40

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-266

Amount of Each Receipt this Period

48.81

Full Name (Last, First, Middle Initial)

C. Barry M. Deutsch

Mailing Address 2330 W Course Dr

City

Riverwoods

State

IL

Zip Code

60015-1768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP I, Business Development

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1166.40

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-268

Amount of Each Receipt this Period

48.81

SUBTOTAL of Receipts This Page (optional)..... ►

146.43

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rodney R. Dickson

Mailing Address 105 Lakeside Pl

City

Highland Park

State

IL

Zip Code

60035-5316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Reimbursement Initiatives

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-59

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Rodney R. Dickson

Mailing Address 105 Lakeside Pl

City

Highland Park

State

IL

Zip Code

60035-5316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Reimbursement Initiatives

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-61

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Philip C. Duplantis

Mailing Address 1704 College St

City

Cleveland

State

MS

Zip Code

38732-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Engineering

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-8

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Philip C. Duplantis

Mailing Address 1704 College St

City
Cleveland

State Zip Code
MS 38732-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-7

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Philip C. Duplantis

Mailing Address 1704 College St

City
Cleveland

State Zip Code
MS 38732-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-12

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Michael J. Durgan

Mailing Address 5213 S Jordan Ln

City
Spokane

State Zip Code
WA 99224-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-190

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J. Durgan

Mailing Address 5213 S Jordan Ln

City

Spokane

State

WA

Zip Code

99224-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-31

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Michael J. Durgan

Mailing Address 5213 S Jordan Ln

City

Spokane

State

WA

Zip Code

99224-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-29

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Kathryn T. Edinger

Mailing Address 1122 N Clark St

Apt 3810

City

Chicago

State

IL

Zip Code

60610-2898

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

RM, MD Portfolio

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.52

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-75

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional)..... ►

56.35

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kathryn T. Edinger

Mailing Address 1122 N Clark St
Apt 3810

City State Zip Code
Chicago IL 60610-2898

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

RM, MD Portfolio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-107

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

B. Kathryn T. Edinger

Mailing Address 1122 N Clark St
Apt 3810

City State Zip Code
Chicago IL 60610-2898

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

RM, MD Portfolio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.52

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-100

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

C. Carlos Humberto Escobar

Mailing Address 1886 NW 140th Ter

City State Zip Code
Pembroke Pines FL 33028-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

GM, OLA - BGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-137

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

42.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carlos Humberto Escobar

Mailing Address 1886 NW 140th Ter

City

Pembroke Pines

State

FL

Zip Code

33028-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

GM, OLA - BGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-211

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Carlos Humberto Escobar

Mailing Address 1886 NW 140th Ter

City

Pembroke Pines

State

FL

Zip Code

33028-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

GM, OLA - BGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-219

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Peter Etienne

Mailing Address 189 Lions Ct

City

Lake Zurich

State

IL

Zip Code

60047-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-20

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter Etienne

Mailing Address 189 Lions Ct

City

Lake Zurich

State

IL

Zip Code

60047-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-29

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Peter Etienne

Mailing Address 189 Lions Ct

City

Lake Zurich

State

IL

Zip Code

60047-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-34

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Alex Blaine Forshage

Mailing Address 909 Oakwood Ave

City

Lake Forest

State

IL

Zip Code

60045-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Sls & Mkt - US BioT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-105

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alex Blaine Forshage

Mailing Address 909 Oakwood Ave

City

Lake Forest

State

IL

Zip Code

60045-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Sls & Mkt - US BioT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-155

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Alex Blaine Forshage

Mailing Address 909 Oakwood Ave

City

Lake Forest

State

IL

Zip Code

60045-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Sls & Mkt - US BioT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-160

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Alan E. Freedlund

Mailing Address 746 S River Rd

City

Naperville

State

IL

Zip Code

60540-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, IT - Mfg & Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-76

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

112.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 174
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan E. Freedlund

Mailing Address 746 S River Rd

City
Naperville

State Zip Code
IL 60540-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corporation

Occupation
VP, IT - Mfg & Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-108

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. Alan E. Freedlund

Mailing Address 746 S River Rd

City
Naperville

State Zip Code
IL 60540-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corporation

Occupation
VP, IT - Mfg & Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-116

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

c. M. Shayne Freeman

Mailing Address 2839 N Raintree Dr

City
Fayetteville

State Zip Code
AR 72703-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer
BioLife Plasma L.L.C.

Occupation
Regional Quality Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-97

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

34.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. M. Shayne Freeman

Mailing Address 2839 N Raintree Dr

City

Fayetteville

State

AR

Zip Code

72703-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Quality Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-147

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. M. Shayne Freeman

Mailing Address 2839 N Raintree Dr

City

Fayetteville

State

AR

Zip Code

72703-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Quality Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-149

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Guy G. Fusco

Mailing Address 572 Greenway Dr

City

Lake Forest

State

IL

Zip Code

60045-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

VP, HR - Global Functions

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-165

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Guy G. Fusco

Mailing Address 572 Greenway Dr

City

Lake Forest

State

IL

Zip Code

60045-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

VP, HR - Global Functions

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-255

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Guy G. Fusco

Mailing Address 572 Greenway Dr

City

Lake Forest

State

IL

Zip Code

60045-4801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

VP, HR - Global Functions

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-260

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Valery E. Gallagher

Mailing Address 14334 Spring Meadow Ct

City

Libertyville

State

IL

Zip Code

60048-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, State Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2061.78

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-73

Amount of Each Receipt this Period

86.31

SUBTOTAL of Receipts This Page (optional)..... ►

126.31

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Valery E. Gallagher

Mailing Address 14334 Spring Meadow Ct

City

Libertyville

State

IL

Zip Code

60048-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2061.78

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-105

Amount of Each Receipt this Period

86.31

Full Name (Last, First, Middle Initial)

B. Valery E. Gallagher

Mailing Address 14334 Spring Meadow Ct

City

Libertyville

State

IL

Zip Code

60048-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2061.78

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-108

Amount of Each Receipt this Period

86.31

Full Name (Last, First, Middle Initial)

C. Cynthia L. Gallien

Mailing Address 3005 S Forrester St

City

Bloomington

State

IN

Zip Code

47401-4494

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-149

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

192.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cynthia L. Gallien

Mailing Address 3005 S Forrester St

City

Bloomington

State

IN

Zip Code

47401-4494

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-228

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Cynthia L. Gallien

Mailing Address 3005 S Forrester St

City

Bloomington

State

IN

Zip Code

47401-4494

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-235

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Zhanna Gevorkian

Mailing Address 1640 Camulos Ave

City

Glendale

State

CA

Zip Code

91208-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.36

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-85

Amount of Each Receipt this Period

12.26

SUBTOTAL of Receipts This Page (optional)..... ►

52.26

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 OF 174

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Zhanna Gevorkian

Mailing Address 1640 Camulos Ave

City

Glendale

State

CA

Zip Code

91208-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.36

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-121

Amount of Each Receipt this Period

12.26

Full Name (Last, First, Middle Initial)

B. Zhanna Gevorkian

Mailing Address 1640 Camulos Ave

City

Glendale

State

CA

Zip Code

91208-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.36

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-124

Amount of Each Receipt this Period

12.88

Full Name (Last, First, Middle Initial)

c. John J. Gibbons

Mailing Address 1242 N Lake Shore Dr

City

Chicago

State

IL

Zip Code

60610-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-27

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

35.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. John J. Gibbons

Mailing Address 1242 N Lake Shore Dr

City

Chicago

State

IL

Zip Code

60610-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-45

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. John J. Gibbons

Mailing Address 1242 N Lake Shore Dr

City

Chicago

State

IL

Zip Code

60610-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-45

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Arthur J. Gibson

Mailing Address 3775 Riverly Trce

City

Marietta

State

GA

Zip Code

30067-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1488.96

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-71

Amount of Each Receipt this Period

62.42

SUBTOTAL of Receipts This Page (optional)..... ►

82.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur J. Gibson

Mailing Address 3775 Riverly Trce

City

Marietta

State

GA

Zip Code

30067-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1488.96

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-100

Amount of Each Receipt this Period

62.42

Full Name (Last, First, Middle Initial)

B. Arthur J. Gibson

Mailing Address 3775 Riverly Trce

City

Marietta

State

GA

Zip Code

30067-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1488.96

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-102

Amount of Each Receipt this Period

62.42

Full Name (Last, First, Middle Initial)

C. Amy W. Gillum

Mailing Address 38358 N Munn Rd

City

Lake Villa

State

IL

Zip Code

60046-8816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Containers

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-183

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

134.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy W. Gillum

Mailing Address 38358 N Munn Rd

City

Lake Villa

State

IL

Zip Code

60046-8816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Containers

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-6

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Amy W. Gillum

Mailing Address 38358 N Munn Rd

City

Lake Villa

State

IL

Zip Code

60046-8816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Containers

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-5

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Ralph L. Glover

Mailing Address 1115 Westberry Ct

City

Lake Zurich

State

IL

Zip Code

60047-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-87

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 174

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ralph L. Glover

Mailing Address 1115 Westberry Ct

City

Lake Zurich

State

IL

Zip Code

60047-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-128

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Ralph L. Glover

Mailing Address 1115 Westberry Ct

City

Lake Zurich

State

IL

Zip Code

60047-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-133

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Joseph P. Gomes

Mailing Address 648 Cameron Dr

City

Antioch

State

IL

Zip Code

60002-1185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc Dir, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-252

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph P. Gomes

Mailing Address 648 Cameron Dr

City

Antioch

State

IL

Zip Code

60002-1185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc Dir, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-185

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Joseph P. Gomes

Mailing Address 648 Cameron Dr

City

Antioch

State

IL

Zip Code

60002-1185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc Dir, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-185

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Tara L. Greene

Mailing Address 730 Windermere Xing E

City

Madisonville

State

LA

Zip Code

70447-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-109

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 174

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tara L. Greene

Mailing Address 730 Windermere Xing E

City State Zip Code
 Madisonville LA 70447-3150

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-168

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Tara L. Greene

Mailing Address 730 Windermere Xing E

City State Zip Code
 Madisonville LA 70447-3150

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-166

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

c. William J. Gresham

Mailing Address 909 Clinton Pl

City State Zip Code
 River Forest IL 60305-1503

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Dir, Ethics & Compliance/EHS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-203

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. William J. Gresham

Mailing Address 909 Clinton Pl

City

River Forest

State

IL

Zip Code

60305-1503

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Dir, Ethics & Compliance/EHS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-57

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. William J. Gresham

Mailing Address 909 Clinton Pl

City

River Forest

State

IL

Zip Code

60305-1503

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Dir, Ethics & Compliance/EHS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-62

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Peter M. Grubin

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-63

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 60 OF 174

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter M. Grubin

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-89

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Peter M. Grubin

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-92

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Suzann Hammel

Mailing Address 121 33rd Ave

City

Kenosha

State

WI

Zip Code

53144-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-135

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 61 OF 174

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Suzann Hammel

Mailing Address 121 33rd Ave

City

Kenosha

State

WI

Zip Code

53144-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-214

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Suzann Hammel

Mailing Address 121 33rd Ave

City

Kenosha

State

WI

Zip Code

53144-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-214

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. James Allen Harmon

Mailing Address 13382 Andalusia Dr

City

Santa Rosa Valley

State

CA

Zip Code

93012-9045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Quality - BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-184

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 174
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Allen Harmon

Mailing Address 13382 Andalusia Dr

City State Zip Code
 Santa Rosa Valley CA 93012-9045

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation VP, Quality - BioScience

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-64

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. James Allen Harmon

Mailing Address 13382 Andalusia Dr

City State Zip Code
 Santa Rosa Valley CA 93012-9045

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation VP, Quality - BioScience

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-72

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Loyd Kenneth Harper

Mailing Address 1860 Fairport Dr

City State Zip Code
 Grayslake IL 60030-7947

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Dir, Payer & Channel Marketing

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-166

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 174
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Loyd Kenneth Harper

Mailing Address 1860 Fairport Dr

City
Grayslake

State
IL

Zip Code
60030-7947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter

Occupation

Dir, Payer & Channel Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-257

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Loyd Kenneth Harper

Mailing Address 1860 Fairport Dr

City
Grayslake

State
IL

Zip Code
60030-7947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter

Occupation

Dir, Payer & Channel Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-257

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Aaron J. Hebbeln

Mailing Address 1305 Kristin Dr

City
Libertyville

State
IL

Zip Code
60048-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-142

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aaron J. Hebbeln

Mailing Address 1305 Kristin Dr

City

Libertyville

State

IL

Zip Code

60048-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-221

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Aaron J. Hebbeln

Mailing Address 1305 Kristin Dr

City

Libertyville

State

IL

Zip Code

60048-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-226

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Laurie R. Hernandez

Mailing Address 1340 Crest Rd

City

Libertyville

State

IL

Zip Code

60048-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Strategy & Integration

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1431.18

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-86

Amount of Each Receipt this Period

60.14

SUBTOTAL of Receipts This Page (optional)..... ►

120.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laurie R. Hernandez

Mailing Address 1340 Crest Rd

City

Libertyville

State

IL

Zip Code

60048-1515

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Strategy & Integration

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1431.18

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-130

Amount of Each Receipt this Period

60.14

Full Name (Last, First, Middle Initial)

B. Laurie R. Hernandez

Mailing Address 1340 Crest Rd

City

Libertyville

State

IL

Zip Code

60048-1515

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Strategy & Integration

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1431.18

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-128

Amount of Each Receipt this Period

60.14

Full Name (Last, First, Middle Initial)

C. Robert J. Hombach

Mailing Address 126 Homewood Ave

City

Libertyville

State

IL

Zip Code

60048-2122

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Chief Financial Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-126

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

170.28

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 174

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert J. Hombach

Mailing Address 126 Homewood Ave

City

Libertyville

State

IL

Zip Code

60048-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Chief Financial Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-195

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Robert J. Hombach

Mailing Address 126 Homewood Ave

City

Libertyville

State

IL

Zip Code

60048-2122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Chief Financial Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-201

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Richard J. Houge

Mailing Address 5735 N Bay Ridge Ave

City

Whitefish Bay

State

WI

Zip Code

53217-4719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-18

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 174

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard J. Houge

Mailing Address 5735 N Bay Ridge Ave

City	State	Zip Code
Whitefish Bay	WI	53217-4719

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : 201412021380-25

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Richard J. Houge

Mailing Address 5735 N Bay Ridge Ave

City	State	Zip Code
Whitefish Bay	WI	53217-4719

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : 2014120213733-24

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Kim Isenberg

Mailing Address 5028 Belmont Ave S

City	State	Zip Code
Minneapolis	MN	55419-1312

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Manager, Reimb and Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : 20141103165247-134

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

55.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 174

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kim Isenberg

Mailing Address 5028 Belmont Ave S

City

Minneapolis

State

MN

Zip Code

55419-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Manager, Reimb and Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-213

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Kim Isenberg

Mailing Address 5028 Belmont Ave S

City

Minneapolis

State

MN

Zip Code

55419-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Manager, Reimb and Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-213

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Irene P. Jakimcius

Mailing Address 2208 Wesley Ave

City

Evanston

State

IL

Zip Code

60201-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2219.64

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-216

Amount of Each Receipt this Period

92.85

SUBTOTAL of Receipts This Page (optional)..... ►

162.85

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 174
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Irene P. Jakimcius

Mailing Address 2208 Wesley Ave

City

Evanston

State

IL

Zip Code

60201-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2219.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-37

Amount of Each Receipt this Period

92.85

Full Name (Last, First, Middle Initial)

B. Irene P. Jakimcius

Mailing Address 2208 Wesley Ave

City

Evanston

State

IL

Zip Code

60201-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2219.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-35

Amount of Each Receipt this Period

92.85

Full Name (Last, First, Middle Initial)

C. Michael T. Jennings

Mailing Address 130 W Lincoln Ave

City

Libertyville

State

IL

Zip Code

60048-2721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Strategy & Integration

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1041.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-37

Amount of Each Receipt this Period

43.56

SUBTOTAL of Receipts This Page (optional)..... ►

229.26

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael T. Jennings

Mailing Address 130 W Lincoln Ave

City

Libertyville

State

IL

Zip Code

60048-2721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Strategy & Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.06

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-261

Amount of Each Receipt this Period

43.56

Full Name (Last, First, Middle Initial)

B. Michael T. Jennings

Mailing Address 130 W Lincoln Ave

City

Libertyville

State

IL

Zip Code

60048-2721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Strategy & Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.06

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-266

Amount of Each Receipt this Period

43.56

Full Name (Last, First, Middle Initial)

C. Brien D. Johnson

Mailing Address 739 Kimball Rd

City

Highland Park

State

IL

Zip Code

60035-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Program Mgmt - Plasma

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-130

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

97.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brien D. Johnson

Mailing Address 739 Kimball Rd

City

Highland Park

State

IL

Zip Code

60035-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Program Mgmt - Plasma

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-208

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Brien D. Johnson

Mailing Address 739 Kimball Rd

City

Highland Park

State

IL

Zip Code

60035-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Program Mgmt - Plasma

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-216

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Kurt Johnson

Mailing Address 2322 Central Park Ave

City

Evanston

State

IL

Zip Code

60201-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, BD - BioScience

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-182

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kurt Johnson

Mailing Address 2322 Central Park Ave

City

Evanston

State

IL

Zip Code

60201-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, BD - BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-79

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Kurt Johnson

Mailing Address 2322 Central Park Ave

City

Evanston

State

IL

Zip Code

60201-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, BD - BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-67

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Robert A. Johnson

Mailing Address 31385 W Somerset Cir

City

Libertyville

State

IL

Zip Code

60048-4886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

VP, Renal Mfg - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-45

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 73 OF 174

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert A. Johnson

Mailing Address 31385 W Somerset Cir

City

Libertyville

State

IL

Zip Code

60048-4886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

VP, Renal Mfg - Med Products

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-67

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Robert A. Johnson

Mailing Address 31385 W Somerset Cir

City

Libertyville

State

IL

Zip Code

60048-4886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

VP, Renal Mfg - Med Products

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-71

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Kimberly L. Jones

Mailing Address 164 Clear Creek Rd

City

Shelbyville

State

KY

Zip Code

40065-9652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Reimbursement Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-201

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 OF 174

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kimberly L. Jones

Mailing Address 164 Clear Creek Rd

City

Shelbyville

State

KY

Zip Code

40065-9652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Reimbursement Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-44

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Kimberly L. Jones

Mailing Address 164 Clear Creek Rd

City

Shelbyville

State

KY

Zip Code

40065-9652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Reimbursement Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-44

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Julie L. Junkin

Mailing Address 932 Wilmette Ter

City

Lake Zurich

State

IL

Zip Code

60047-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-38

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julie L. Junkin

Mailing Address 932 Wilmette Ter

City

Lake Zurich

State

IL

Zip Code

60047-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-55

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Julie L. Junkin

Mailing Address 932 Wilmette Ter

City

Lake Zurich

State

IL

Zip Code

60047-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-57

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Andrew W. Kamai

Mailing Address 1520 Greystone Dr

City

Gurnee

State

IL

Zip Code

60031-9128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-99

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew W. Kamai

Mailing Address 1520 Greystone Dr

City State Zip Code
 Gurnee IL 60031-9128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-151

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Andrew W. Kamai

Mailing Address 1520 Greystone Dr

City State Zip Code
 Gurnee IL 60031-9128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-147

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Omar H. Khalil

Mailing Address 821 Windsor Rd

City State Zip Code
 Glenview IL 60025-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Hospital Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-148

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Omar H. Khalil

Mailing Address 821 Windsor Rd

City
Glenview

State
IL

Zip Code
60025-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Hospital Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-226

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Omar H. Khalil

Mailing Address 821 Windsor Rd

City
Glenview

State
IL

Zip Code
60025-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Hospital Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-236

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Julie S. Kim

Mailing Address PO Box 747

Baxter Expat Admin

City
Deerfield

State
IL

Zip Code
60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, UK & Ireland

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1548.13

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-39

Amount of Each Receipt this Period

67.31

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

117.31

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julie S. Kim

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, UK & Ireland

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1548.13

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-51

Amount of Each Receipt this Period

67.31

Full Name (Last, First, Middle Initial)

B. Julie S. Kim

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, UK & Ireland

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1548.13

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-53

Amount of Each Receipt this Period

67.31

Full Name (Last, First, Middle Initial)

c. Sherryl L. King

Mailing Address 1240 S Walnut Ave

City

Arlington Heights

State

IL

Zip Code

60005-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Bus Analytics - BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-74

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

184.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sherryl L. King

Mailing Address 1240 S Walnut Ave

City

Arlington Heights

State

IL

Zip Code

60005-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Bus Analytics - BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-104

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Sherryl L. King

Mailing Address 1240 S Walnut Ave

City

Arlington Heights

State

IL

Zip Code

60005-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Bus Analytics - BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-105

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Helena M. Klumpp

Mailing Address 2308 Isabella St

City

Evanston

State

IL

Zip Code

60201-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Senior Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-236

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Helena M. Klumpp

Mailing Address 2308 Isabella St

City

Evanston

State

IL

Zip Code

60201-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Senior Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-145

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Helena M. Klumpp

Mailing Address 2308 Isabella St

City

Evanston

State

IL

Zip Code

60201-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Senior Tax Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-146

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Thomas K. Kroeger

Mailing Address 12538 Landeck Rd

City

Delphos

State

OH

Zip Code

45833-9600

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Division Quality Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.08

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-50

Amount of Each Receipt this Period

10.86

SUBTOTAL of Receipts This Page (optional)..... ►

50.86

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas K. Kroeger

Mailing Address 12538 Landeck Rd

City State Zip Code
 Delphos OH 45833-9600

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Division Quality Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.08

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-77

Amount of Each Receipt this Period

10.86

Full Name (Last, First, Middle Initial)

B. Thomas K. Kroeger

Mailing Address 12538 Landeck Rd

City State Zip Code
 Delphos OH 45833-9600

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Division Quality Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.08

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-80

Amount of Each Receipt this Period

10.86

Full Name (Last, First, Middle Initial)

C. Brian J. LaMarca

Mailing Address 2261 Zach Scott St

City State Zip Code
 Austin TX 78723-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.68

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-64

Amount of Each Receipt this Period

28.56

SUBTOTAL of Receipts This Page (optional)..... ►

50.28

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian J. LaMarca

Mailing Address 2261 Zach Scott St

City
Austin

State
TX

Zip Code
78723-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.68

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-95

Amount of Each Receipt this Period

28.56

Full Name (Last, First, Middle Initial)

B. Brian J. LaMarca

Mailing Address 2261 Zach Scott St

City
Austin

State
TX

Zip Code
78723-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.68

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-97

Amount of Each Receipt this Period

28.56

Full Name (Last, First, Middle Initial)

C. Edward Leonard Lamb

Mailing Address 1072 S Rockwell St

City
Gilbert

State
AZ

Zip Code
85296-8889

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-251

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

67.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Edward Leonard Lamb

Mailing Address 1072 S Rockwell St

City
Gilbert

State Zip Code
AZ 85296-8889

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-179

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Edward Leonard Lamb

Mailing Address 1072 S Rockwell St

City
Gilbert

State Zip Code
AZ 85296-8889

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-184

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Timothy P. Lawrence

Mailing Address 1175 Museum Blvd
Unit 210

City
Vernon Hills

State Zip Code
IL 60061-3156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg & SC - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.48

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-34

Amount of Each Receipt this Period

78.50

SUBTOTAL of Receipts This Page (optional)..... ►

98.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy P. Lawrence

Mailing Address 1175 Museum Blvd
Unit 210

City State Zip Code
Vernon Hills IL 60061-3156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg & SC - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.48

Date of Receipt

M M / D D / Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-262

Amount of Each Receipt this Period

78.50

Full Name (Last, First, Middle Initial)

B. Timothy P. Lawrence

Mailing Address 1175 Museum Blvd
Unit 210

City State Zip Code
Vernon Hills IL 60061-3156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg & SC - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1872.48

Date of Receipt

M M / D D / Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-52

Amount of Each Receipt this Period

78.50

Full Name (Last, First, Middle Initial)

c. Mary F. Lemke

Mailing Address 3121 Renaissance Way NE

City State Zip Code
Atlanta GA 30308-2463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.56

Date of Receipt

M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-4

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

173.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary F. Lemke

Mailing Address 3121 Renaissance Way NE

City State Zip Code
 Atlanta GA 30308-2463

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.56

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-13

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

B. Mary F. Lemke

Mailing Address 3121 Renaissance Way NE

City State Zip Code
 Atlanta GA 30308-2463

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.56

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-6

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

C. Jacopo Leonardi

Mailing Address 319 Vincent Ct

City State Zip Code
 Lake Bluff IL 60044-2758

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US Hemophilia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-101

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jacopo Leonardi

Mailing Address 319 Vincent Ct

City

Lake Bluff

State

IL

Zip Code

60044-2758

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US Hemophilia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-146

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Jacopo Leonardi

Mailing Address 319 Vincent Ct

City

Lake Bluff

State

IL

Zip Code

60044-2758

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US Hemophilia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-150

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Kelli Lester

Mailing Address 3623 Stanford Cir

City

Falls Church

State

VA

Zip Code

22041-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Govt Affs & Alliance Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-116

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

95.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kelli Lester

Mailing Address 3623 Stanford Cir

City

Falls Church

State

VA

Zip Code

22041-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Govt Affs & Alliance Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-175

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Kelli Lester

Mailing Address 3623 Stanford Cir

City

Falls Church

State

VA

Zip Code

22041-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Govt Affs & Alliance Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-182

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Josephine M. Li-McLeod

Mailing Address 758 Cranmont Ct

City

Simi Valley

State

CA

Zip Code

93065-7075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Director, MORE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-48

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

115.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Josephine M. Li-McLeod

Mailing Address 758 Cranmont Ct

City

Simi Valley

State

CA

Zip Code

93065-7075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Director, MORE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

Transaction ID : 201412021380-68

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Josephine M. Li-McLeod

Mailing Address 758 Cranmont Ct

City

Simi Valley

State

CA

Zip Code

93065-7075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Director, MORE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2014

Transaction ID : 2014120213733-73

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. John W. Lifer

Mailing Address 5601 E Country Rdg

City

Fayetteville

State

AR

Zip Code

72701-7455

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : 20141103165247-108

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. John W. Lifer

Mailing Address 5601 E Country Rdg

City

Fayetteville

State

AR

Zip Code

72701-7455

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-167

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. John W. Lifer

Mailing Address 5601 E Country Rdg

City

Fayetteville

State

AR

Zip Code

72701-7455

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-171

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Ronald K. Lloyd

Mailing Address 2 W Delaware Pl
Unit 2603

City

Chicago

State

IL

Zip Code

60610-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, BioTherapeutics

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-55

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald K. Lloyd

Mailing Address 2 W Delaware Pl
Unit 2603

City State Zip Code
Chicago IL 60610-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, BioTherapeutics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-80

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Ronald K. Lloyd

Mailing Address 2 W Delaware Pl
Unit 2603

City State Zip Code
Chicago IL 60610-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, BioTherapeutics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-83

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Scott P. Luce

Mailing Address 1311 Kristin Dr

City State Zip Code
Libertyville IL 60048-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US Med Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-107

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott P. Luce

Mailing Address 1311 Kristin Dr

City

Libertyville

State

IL

Zip Code

60048-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US Med Delivery

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-166

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Scott P. Luce

Mailing Address 1311 Kristin Dr

City

Libertyville

State

IL

Zip Code

60048-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US Med Delivery

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-169

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Marcus A. Luna

Mailing Address 11 Heath Pkwy

City

Middletown

State

NJ

Zip Code

07748-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Hemophilia TBM

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-233

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

55.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marcus A. Luna

Mailing Address 11 Heath Pkwy

City State Zip Code
Middletown NJ 07748-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Hemophilia TBM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-157

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Marcus A. Luna

Mailing Address 11 Heath Pkwy

City State Zip Code
Middletown NJ 07748-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Hemophilia TBM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-158

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Tracy L. Luncsford

Mailing Address 400 Hill Ct

City State Zip Code
Prospect Heights IL 60070-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Contracts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-200

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 93 OF 174

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tracy L. Luncsford

Mailing Address 400 Hill Ct

City

Prospect Heights

State

IL

Zip Code

60070-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Contracts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-258

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Tracy L. Luncsford

Mailing Address 400 Hill Ct

City

Prospect Heights

State

IL

Zip Code

60070-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Contracts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-262

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Michelle P. Luo

Mailing Address 9 Elsinoor Dr

City

Lincolnshire

State

IL

Zip Code

60069-3118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Market Access

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-95

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 OF 174

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michelle P. Luo

Mailing Address 9 Elsinoor Dr

City

Lincolnshire

State

IL

Zip Code

60069-3118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Market Access

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-142

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Michelle P. Luo

Mailing Address 9 Elsinoor Dr

City

Lincolnshire

State

IL

Zip Code

60069-3118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Market Access

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-145

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Glen A. Lyles

Mailing Address PO Box 1316

City

Shelby

State

MS

Zip Code

38774-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Manager II, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-226

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Glen A. Lyles

Mailing Address PO Box 1316

City State Zip Code
 Shelby MS 38774-1316

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Manager II, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-124

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Glen A. Lyles

Mailing Address PO Box 1316

City State Zip Code
 Shelby MS 38774-1316

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Manager II, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-129

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Jack Maniko

Mailing Address 6625 Barnaby St NW

City State Zip Code
 Washington DC 20015-2331

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-102

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jack Maniko

Mailing Address 6625 Barnaby St NW

City
Washington

State Zip Code
DC 20015-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-161

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Jack Maniko

Mailing Address 6625 Barnaby St NW

City
Washington

State Zip Code
DC 20015-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-159

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. Michael E. Martin

Mailing Address 10680 Red Leaf Cir

City
Village Of Lakewood

State Zip Code
IL 60014-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, MPO Program Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.12

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-14

Amount of Each Receipt this Period

22.39

SUBTOTAL of Receipts This Page (optional)..... ►

92.39

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael E. Martin

Mailing Address 10680 Red Leaf Cir

City

Village Of Lakewoo

State

IL

Zip Code

60014-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, MPO Program Management

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

534.12

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-5

Amount of Each Receipt this Period

22.39

Full Name (Last, First, Middle Initial)

B. Michael E. Martin

Mailing Address 10680 Red Leaf Cir

City

Village Of Lakewoo

State

IL

Zip Code

60014-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, MPO Program Management

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

534.12

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-4

Amount of Each Receipt this Period

22.39

Full Name (Last, First, Middle Initial)

C. Jeanne K. Mason

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4847.64

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-82

Amount of Each Receipt this Period

202.69

SUBTOTAL of Receipts This Page (optional)..... ►

247.47

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeanne K. Mason

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4847.64

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-102

Amount of Each Receipt this Period

202.69

Full Name (Last, First, Middle Initial)

B. Jeanne K. Mason

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4847.64

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-104

Amount of Each Receipt this Period

202.69

Full Name (Last, First, Middle Initial)

c. John A. McCoy

Mailing Address 122 Surrey Ln

City

Lake Forest

State

IL

Zip Code

60045-3472

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Corporate Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-227

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

425.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. John A. McCoy

Mailing Address 122 Surrey Ln

City

Lake Forest

State

IL

Zip Code

60045-3472

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Corporate Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-122

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. John A. McCoy

Mailing Address 122 Surrey Ln

City

Lake Forest

State

IL

Zip Code

60045-3472

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Corporate Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-126

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Kevin K. McCulloch

Mailing Address 730 Greenwood Ave

City

Wilmette

State

IL

Zip Code

60091-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, Global Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-31

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin K. McCulloch

Mailing Address 730 Greenwood Ave

City

Wilmette

State

IL

Zip Code

60091-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, Global Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-49

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Kevin K. McCulloch

Mailing Address 730 Greenwood Ave

City

Wilmette

State

IL

Zip Code

60091-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, Global Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-50

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Jodi L. McKelvey

Mailing Address 904 James Ct

City

Waunakee

State

WI

Zip Code

53597-2108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Healthcare Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-111

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jodi L. McKelvey

Mailing Address 904 James Ct

City

Waunakee

State

WI

Zip Code

53597-2108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Healthcare Reimb

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-171

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Jodi L. McKelvey

Mailing Address 904 James Ct

City

Waunakee

State

WI

Zip Code

53597-2108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Healthcare Reimb

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-177

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Daniel S. McRae

Mailing Address 2965 Redding Rd NE

City

Atlanta

State

GA

Zip Code

30319-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Infusion System Sales Represen

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-214

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel S. McRae

Mailing Address 2965 Redding Rd NE

City
Atlanta

State
GA

Zip Code
30319-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Infusion System Sales Represen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-97

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Daniel S. McRae

Mailing Address 2965 Redding Rd NE

City
Atlanta

State
GA

Zip Code
30319-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Infusion System Sales Represen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-103

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. John K. McVey

Mailing Address 6320 Longwood Rd

City
Libertyville

State
IL

Zip Code
60048-9447

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Sr Dir, Reg Affairs & Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-13

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)..... ►

47.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. John K. McVey

Mailing Address 6320 Longwood Rd

City

Libertyville

State

IL

Zip Code

60048-9447

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Sr Dir, Reg Affairs & Quality

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

648.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-16

Amount of Each Receipt this Period

27.00

Full Name (Last, First, Middle Initial)

B. John K. McVey

Mailing Address 6320 Longwood Rd

City

Libertyville

State

IL

Zip Code

60048-9447

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Sr Dir, Reg Affairs & Quality

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

648.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-18

Amount of Each Receipt this Period

27.00

Full Name (Last, First, Middle Initial)

C. Dana Mendenhall

Mailing Address 106 S Sangamon St
Apt 2S

City

Chicago

State

IL

Zip Code

60607-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-234

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

79.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dana Mendenhall

Mailing Address 106 S Sangamon St
Apt 2S

City State Zip Code
Chicago IL 60607-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-149

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dana Mendenhall

Mailing Address 106 S Sangamon St
Apt 2S

City State Zip Code
Chicago IL 60607-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-151

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Donna Ann Meyer

Mailing Address 614 Vista Falls Rd

City State Zip Code
Mills River NC 28759-6531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-118

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donna Ann Meyer

Mailing Address 614 Vista Falls Rd

City

Mills River

State

NC

Zip Code

28759-6531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-184

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Donna Ann Meyer

Mailing Address 614 Vista Falls Rd

City

Mills River

State

NC

Zip Code

28759-6531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-187

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Chris C. Miskel

Mailing Address 1950 Lake Charles Dr

City

Vernon Hills

State

IL

Zip Code

60061-4578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Nat Accts - US BioScience

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1269.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-150

Amount of Each Receipt this Period

53.22

SUBTOTAL of Receipts This Page (optional)..... ►

73.22

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chris C. Miskel

Mailing Address 1950 Lake Charles Dr

City

Vernon Hills

State

IL

Zip Code

60061-4578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Nat Accts - US BioScience

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1269.48

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-240

Amount of Each Receipt this Period

53.22

Full Name (Last, First, Middle Initial)

B. Chris C. Miskel

Mailing Address 1950 Lake Charles Dr

City

Vernon Hills

State

IL

Zip Code

60061-4578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Nat Accts - US BioScience

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1269.48

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-243

Amount of Each Receipt this Period

53.22

Full Name (Last, First, Middle Initial)

C. Barbara E. Morris

Mailing Address 924 N Saratoga Dr

City

Palatine

State

IL

Zip Code

60074-3729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Medical Dictionary Analyst

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-15

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

116.44

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara E. Morris

Mailing Address 924 N Saratoga Dr

City

Palatine

State

IL

Zip Code

60074-3729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Medical Dictionary Analyst

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-22

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Barbara E. Morris

Mailing Address 924 N Saratoga Dr

City

Palatine

State

IL

Zip Code

60074-3729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Medical Dictionary Analyst

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-26

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Mark R. Nail

Mailing Address 4 Lost Meadow Cv

City

The Hills

State

TX

Zip Code

78738-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-217

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark R. Nail

Mailing Address 4 Lost Meadow Cv

City State Zip Code
The Hills TX 78738-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-96

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Mark R. Nail

Mailing Address 4 Lost Meadow Cv

City State Zip Code
The Hills TX 78738-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-110

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Gregory C. Neier

Mailing Address 26W201 Tomahawk Dr

City State Zip Code
Wheaton IL 60189-1513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-112

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory C. Neier

Mailing Address 26W201 Tomahawk Dr

City

Wheaton

State

IL

Zip Code

60189-1513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-172

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Gregory C. Neier

Mailing Address 26W201 Tomahawk Dr

City

Wheaton

State

IL

Zip Code

60189-1513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-174

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Chad L. Ness

Mailing Address 343 Park Ave
 # 7E

City

Highland Park

State

IL

Zip Code

60035-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-139

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chad L. Ness

Mailing Address 343 Park Ave
7E

City Highland Park State IL Zip Code 60035-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-222

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Chad L. Ness

Mailing Address 343 Park Ave
7E

City Highland Park State IL Zip Code 60035-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-221

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Gwen E. Nielsen

Mailing Address 909 Hobson Dr

City Buffalo Grove State IL Zip Code 60089-7019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Sales Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-133

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gwen E. Nielsen

Mailing Address 909 Hobson Dr

City

Buffalo Grove

State

IL

Zip Code

60089-7019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Sales Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-201

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Gwen E. Nielsen

Mailing Address 909 Hobson Dr

City

Buffalo Grove

State

IL

Zip Code

60089-7019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Sales Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-209

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Peter J. O'Malley

Mailing Address 791 Summit Ave

City

Lake Forest

State

IL

Zip Code

60045-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mkt Access - US BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-6

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 112 OF 174
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter J. O'Malley

Mailing Address 791 Summit Ave

City

Lake Forest

State

IL

Zip Code

60045-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mkt Access - US BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-10

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Peter J. O'Malley

Mailing Address 791 Summit Ave

City

Lake Forest

State

IL

Zip Code

60045-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mkt Access - US BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-11

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

c. Stasia L. Ogden

Mailing Address 1750 W Cortland St

City

Chicago

State

IL

Zip Code

60622-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc GC - IP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-194

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 113 OF 174

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stasia L. Ogden

Mailing Address 1750 W Cortland St

City

Chicago

State

IL

Zip Code

60622-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc GC - IP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-113

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Stasia L. Ogden

Mailing Address 1750 W Cortland St

City

Chicago

State

IL

Zip Code

60622-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc GC - IP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-115

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Parke

Mailing Address 439 Center Rd

City

Ozark

State

MO

Zip Code

65721-6167

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-78

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 174
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Parke

Mailing Address 439 Center Rd

City State Zip Code
 Ozark MO 65721-6167

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-103

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Parke

Mailing Address 439 Center Rd

City State Zip Code
 Ozark MO 65721-6167

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-106

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Robert L. Parkinson

Mailing Address 1332 Edgewood Ln

City State Zip Code
 Northbrook IL 60062-4716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-209

Amount of Each Receipt this Period

0.00

SUBTOTAL of Receipts This Page (optional)..... ►

20.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 174

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert L. Parkinson

Mailing Address 1332 Edgewood Ln

City

Northbrook

State

IL

Zip Code

60062-4716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-76

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

B. Robert L. Parkinson

Mailing Address 1332 Edgewood Ln

City

Northbrook

State

IL

Zip Code

60062-4716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-81

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

C. Timothy J. Pasternak

Mailing Address 1933 Oak Tree Trl

City

Lake Villa

State

IL

Zip Code

60046-7557

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Quality, MP Quality

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-79

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

15.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 116 OF 174

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy J. Pasternak

Mailing Address 1933 Oak Tree Trl

City

Lake Villa

State

IL

Zip Code

60046-7557

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Quality, MP Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-110

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Timothy J. Pasternak

Mailing Address 1933 Oak Tree Trl

City

Lake Villa

State

IL

Zip Code

60046-7557

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Quality, MP Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-114

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

c. Jed M. Perry

Mailing Address 9078 Brook Ford Rd

City

Burke

State

VA

Zip Code

22015-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Affairs & Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-100

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 117 OF 174

☒ 11a ☐ 11b ☐ 11c ☐ 12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jed M. Perry

Mailing Address 9078 Brook Ford Rd

City
Burke

State
VA

Zip Code
22015-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Affairs & Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-158

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Jed M. Perry

Mailing Address 9078 Brook Ford Rd

City
Burke

State
VA

Zip Code
22015-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Affairs & Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-155

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Linda J. Peters

Mailing Address 14866 Sanctuary Ln

City
Libertyville

State
IL

Zip Code
60048-9611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, RA - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-120

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

160.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Linda J. Peters

Mailing Address 14866 Sanctuary Ln

City

Libertyville

State

IL

Zip Code

60048-9611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, RA - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-181

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Linda J. Peters

Mailing Address 14866 Sanctuary Ln

City

Libertyville

State

IL

Zip Code

60048-9611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, RA - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-190

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Carla D. Pittman

Mailing Address 3933 Kenway Ave

City

Los Angeles

State

CA

Zip Code

90008-4805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.88

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-41

Amount of Each Receipt this Period

72.12

SUBTOTAL of Receipts This Page (optional)..... ►

272.12

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carla D. Pittman

Mailing Address 3933 Kenway Ave

City

Los Angeles

State

CA

Zip Code

90008-4805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.88

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-58

Amount of Each Receipt this Period

72.12

Full Name (Last, First, Middle Initial)

B. Carla D. Pittman

Mailing Address 3933 Kenway Ave

City

Los Angeles

State

CA

Zip Code

90008-4805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.88

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-63

Amount of Each Receipt this Period

72.12

Full Name (Last, First, Middle Initial)

C. Thomas J. Progar

Mailing Address 2907 Sweetwater Ln

City

Johnsburg

State

IL

Zip Code

60051-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-178

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

154.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas J. Progar

Mailing Address 2907 Sweetwater Ln

City

Johnsburg

State

IL

Zip Code

60051-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-14

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Thomas J. Progar

Mailing Address 2907 Sweetwater Ln

City

Johnsburg

State

IL

Zip Code

60051-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-9

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Joseph A. Pudlo

Mailing Address 525 Trestle Ct

City

Grayslake

State

IL

Zip Code

60030-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-119

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph A. Pudlo

Mailing Address 525 Trestle Ct

City
Grayslake

State
IL

Zip Code
60030-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-183

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Joseph A. Pudlo

Mailing Address 525 Trestle Ct

City
Grayslake

State
IL

Zip Code
60030-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-189

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Julie A. Quick

Mailing Address 3223 Epstein Cir

City
Mundelein

State
IL

Zip Code
60060-6049

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Sr Mgr, Reg Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.54

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-242

Amount of Each Receipt this Period

24.38

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

64.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julie A. Quick

Mailing Address 3223 Epstein Cir

City
Mundelein

State
IL

Zip Code
60060-6049

FEC ID number of contributing
federal political committee.

C

Name of Employer
BioLife Plasma L.L.C.

Occupation
Sr Mgr, Reg Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.54

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-156

Amount of Each Receipt this Period

24.38

Full Name (Last, First, Middle Initial)

B. Julie A. Quick

Mailing Address 3223 Epstein Cir

City
Mundelein

State
IL

Zip Code
60060-6049

FEC ID number of contributing
federal political committee.

C

Name of Employer
BioLife Plasma L.L.C.

Occupation
Sr Mgr, Reg Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.54

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-162

Amount of Each Receipt this Period

24.38

Full Name (Last, First, Middle Initial)

c. Janet L. Raciti

Mailing Address 19 Wimbledon Ct

City
Lincolnshire

State
IL

Zip Code
60069-2127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corporation

Occupation
Dir, Strategic Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-46

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

88.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Janet L. Raciti

Mailing Address 19 Wimbledon Ct

City

Lincolnshire

State

IL

Zip Code

60069-2127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Strategic Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-66

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Janet L. Raciti

Mailing Address 19 Wimbledon Ct

City

Lincolnshire

State

IL

Zip Code

60069-2127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Strategic Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-70

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

c. Philip D. Rackliffe

Mailing Address 1545 McClellan Dr

City

Lindenhurst

State

IL

Zip Code

60046-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-218

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Philip D. Rackliffe

Mailing Address 1545 McClellan Dr

City

Lindenhurst

State

IL

Zip Code

60046-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-118

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Philip D. Rackliffe

Mailing Address 1545 McClellan Dr

City

Lindenhurst

State

IL

Zip Code

60046-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GFH, Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-119

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. G. Joseph Ray

Mailing Address 1677 Greene Ridge Dr

City

Naperville

State

IL

Zip Code

60565-6752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Research Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-221

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. G. Joseph Ray

Mailing Address 1677 Greene Ridge Dr

City
Naperville

State
IL

Zip Code
60565-6752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Research Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-120

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. G. Joseph Ray

Mailing Address 1677 Greene Ridge Dr

City
Naperville

State
IL

Zip Code
60565-6752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Research Scientist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-122

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Jeffrey G. Reading

Mailing Address 2421 Pawnee Xing

City
Edmond

State
OK

Zip Code
73034-6873

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Dir, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-36

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 126 OF 174

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey G. Reading

Mailing Address 2421 Pawnee Xing

City

Edmond

State

OK

Zip Code

73034-6873

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Dir, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-53

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Jeffrey G. Reading

Mailing Address 2421 Pawnee Xing

City

Edmond

State

OK

Zip Code

73034-6873

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Dir, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-56

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Crystal A. Riley

Mailing Address 10210 Angora Dr

City

Cheltenham

State

MD

Zip Code

20623-1068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Manager, Healthcare Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-161

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Crystal A. Riley

Mailing Address 10210 Angora Dr

City

Cheltenham

State

MD

Zip Code

20623-1068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Manager, Healthcare Policy

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2014			

Transaction ID : 201412021380-242

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Crystal A. Riley

Mailing Address 10210 Angora Dr

City

Cheltenham

State

MD

Zip Code

20623-1068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Manager, Healthcare Policy

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2014			

Transaction ID : 2014120213733-248

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Fredrick D. Ruda

Mailing Address 1316 Ashland Ave

City

Wilmette

State

IL

Zip Code

60091-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Finance Baxter Capital

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2014			

Transaction ID : 20141103165247-230

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fredrick D. Ruda

Mailing Address 1316 Ashland Ave

City

Wilmette

State

IL

Zip Code

60091-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Finance Baxter Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-131

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Fredrick D. Ruda

Mailing Address 1316 Ashland Ave

City

Wilmette

State

IL

Zip Code

60091-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Finance Baxter Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-134

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Joseph Russo

Mailing Address 27928 Periwinkle Ln

City

Valencia

State

CA

Zip Code

91354-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Envir Health & Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.84

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-59

Amount of Each Receipt this Period

36.94

SUBTOTAL of Receipts This Page (optional)..... ►

56.94

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph Russo

Mailing Address 27928 Periwinkle Ln

City State Zip Code
Valencia CA 91354-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Envir Health & Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.84

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-81

Amount of Each Receipt this Period

36.94

Full Name (Last, First, Middle Initial)

B. Joseph Russo

Mailing Address 27928 Periwinkle Ln

City State Zip Code
Valencia CA 91354-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Envir Health & Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.84

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-87

Amount of Each Receipt this Period

36.94

Full Name (Last, First, Middle Initial)

C. Roibin Ryan

Mailing Address 1419 W Berteau Ave

City State Zip Code
Chicago IL 60613-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Deputy Gen Counsel, Lit & Empl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2606.88

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-158

Amount of Each Receipt this Period

108.62

SUBTOTAL of Receipts This Page (optional)..... ►

182.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roibin Ryan

Mailing Address 1419 W Berteau Ave

City State Zip Code
 Chicago IL 60613-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baxter International Inc.

Occupation
 Deputy Gen Counsel, Lit & Empl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2606.88

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-246

Amount of Each Receipt this Period

108.62

Full Name (Last, First, Middle Initial)

B. Roibin Ryan

Mailing Address 1419 W Berteau Ave

City State Zip Code
 Chicago IL 60613-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baxter International Inc.

Occupation
 Deputy Gen Counsel, Lit & Empl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2606.88

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-246

Amount of Each Receipt this Period

108.62

Full Name (Last, First, Middle Initial)

C. Eric A. Sato

Mailing Address 381 W Prairie Walk Ln

City State Zip Code
 Round Lake IL 60073-4255

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baxter Healthcare Corporation

Occupation
 Sr Dir Mktg, Hospital Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-239

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

242.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric A. Sato

Mailing Address 381 W Prairie Walk Ln

City State Zip Code
 Round Lake IL 60073-4255

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation Sr Dir Mktg, Hospital Services

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-159

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Eric A. Sato

Mailing Address 381 W Prairie Walk Ln

City State Zip Code
 Round Lake IL 60073-4255

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation Sr Dir Mktg, Hospital Services

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-154

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. David P. Scharf

Mailing Address 931 Oak St

City State Zip Code
 Winnetka IL 60093-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter International Inc. CVP, General Counsel

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 3003.92

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-61

Amount of Each Receipt this Period

125.58

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.58

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. David P. Scharf

Mailing Address 931 Oak St

City
Winnetka

State Zip Code
IL 60093-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3003.92

Date of Receipt

M M / D D / Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-90

Amount of Each Receipt this Period

125.58

Full Name (Last, First, Middle Initial)

B. David P. Scharf

Mailing Address 931 Oak St

City
Winnetka

State Zip Code
IL 60093-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3003.92

Date of Receipt

M M / D D / Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-93

Amount of Each Receipt this Period

125.58

Full Name (Last, First, Middle Initial)

C. Jessica A. Schreiner-Donnelly

Mailing Address 453 Gilbert Ave

City
Eau Claire

State Zip Code
WI 54701-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer
BioLife Plasma L.L.C.

Occupation
Mgr II, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-213

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

261.16

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jessica A. Schreiner-Donnelly

Mailing Address 453 Gilbert Ave

City

Eau Claire

State

WI

Zip Code

54701-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Mgr II, Quality

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-99

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Jessica A. Schreiner-Donnelly

Mailing Address 453 Gilbert Ave

City

Eau Claire

State

WI

Zip Code

54701-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Mgr II, Quality

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-101

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Joseph V. Schwan

Mailing Address 1414 Laburnum St

City

McLean

State

VA

Zip Code

22101-2523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-241

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph V. Schwan

Mailing Address 1414 Laburnum St

City State Zip Code
 McLean VA 22101-2523

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-153

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Joseph V. Schwan

Mailing Address 1414 Laburnum St

City State Zip Code
 McLean VA 22101-2523

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-157

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Keith W. Scruggs

Mailing Address 419 Willow Glen Cir
 Dir. Engineering

City State Zip Code
 Simi Valley CA 93065-8219

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-66

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Keith W. Scruggs

Mailing Address 419 Willow Glen Cir
Dir. Engineering

City State Zip Code
Simi Valley CA 93065-8219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-93

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Keith W. Scruggs

Mailing Address 419 Willow Glen Cir
Dir. Engineering

City State Zip Code
Simi Valley CA 93065-8219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-89

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Allen Sexton

Mailing Address 19 Cochran View Dr

City State Zip Code
Marion NC 28752-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Supv II, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-84

Amount of Each Receipt this Period

11.70

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

31.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Allen Sexton

Mailing Address 19 Cochran View Dr

City
Marion

State
NC

Zip Code
28752-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Supv II, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.20

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-114

Amount of Each Receipt this Period

11.70

Full Name (Last, First, Middle Initial)

B. Jeffrey Allen Sexton

Mailing Address 19 Cochran View Dr

City
Marion

State
NC

Zip Code
28752-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Supv II, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.20

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-117

Amount of Each Receipt this Period

14.62

Full Name (Last, First, Middle Initial)

c. Sulin B. Shah

Mailing Address 150 W Superior St
Apt 904

City
Chicago

State
IL

Zip Code
60654-8708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-88

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

36.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sulin B. Shah

Mailing Address 150 W Superior St
Apt 904

City State Zip Code
Chicago IL 60654-8708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-129

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Sulin B. Shah

Mailing Address 150 W Superior St
Apt 904

City State Zip Code
Chicago IL 60654-8708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-132

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Shelley M. Shaw

Mailing Address PO Box 747
Baxter Expat Admin,

City State Zip Code
Deerfield IL 60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Dir, New Products Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-211

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shelley M. Shaw

Mailing Address PO Box 747

Baxter Expat Admin,

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Dir, New Products Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-85

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Shelley M. Shaw

Mailing Address PO Box 747

Baxter Expat Admin,

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Dir, New Products Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-91

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. Timothy L. Shaw

Mailing Address 1351 Grey Wolf Dr

City

Collierville

State

TN

Zip Code

38017-8651

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-243

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy L. Shaw

Mailing Address 1351 Grey Wolf Dr

City

Collierville

State

TN

Zip Code

38017-8651

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Operations

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-154

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Timothy L. Shaw

Mailing Address 1351 Grey Wolf Dr

City

Collierville

State

TN

Zip Code

38017-8651

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Operations

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-163

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Lori E. Sims

Mailing Address 66 Cooper Dr

City

Glastonbury

State

CT

Zip Code

06033-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.22

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-193

Amount of Each Receipt this Period

26.63

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

46.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. **Lori E. Sims**

Mailing Address 66 Cooper Dr

City

Glastonbury

State

CT

Zip Code

06033-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.22

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-116

Amount of Each Receipt this Period

26.63

Full Name (Last, First, Middle Initial)

B. **Lori E. Sims**

Mailing Address 66 Cooper Dr

City

Glastonbury

State

CT

Zip Code

06033-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.22

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-123

Amount of Each Receipt this Period

26.63

Full Name (Last, First, Middle Initial)

C. **John Sisto**

Mailing Address 3307 W Stonybrook Dr

City

Anaheim

State

CA

Zip Code

92804-3025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-69

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

63.26

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Sisto

Mailing Address 3307 W Stonybrook Dr

City

Anaheim

State

CA

Zip Code

92804-3025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-91

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. John Sisto

Mailing Address 3307 W Stonybrook Dr

City

Anaheim

State

CA

Zip Code

92804-3025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-96

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Catherine Ann Skala

Mailing Address 1014 Oakwood Ave

City

Wilmette

State

IL

Zip Code

60091-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-254

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 OF 174
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Catherine Ann Skala

Mailing Address 1014 Oakwood Ave

City

Wilmette

State

IL

Zip Code

60091-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Integration

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-180

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Catherine Ann Skala

Mailing Address 1014 Oakwood Ave

City

Wilmette

State

IL

Zip Code

60091-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Integration

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-181

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Beverly B. Smith

Mailing Address 869 Deep Woods Dr

City

Marion

State

NC

Zip Code

28752-8252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-25

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Beverly B. Smith

Mailing Address 869 Deep Woods Dr

City
Marion

State
NC

Zip Code
28752-8252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-42

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Beverly B. Smith

Mailing Address 869 Deep Woods Dr

City
Marion

State
NC

Zip Code
28752-8252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-39

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

c. Deborah G. Spak

Mailing Address 1555 Stratford Rd

City
Deerfield

State
IL

Zip Code
60015-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Dir, Global Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.18

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-195

Amount of Each Receipt this Period

18.27

SUBTOTAL of Receipts This Page (optional)..... ►

58.27

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Deborah G. Spak

Mailing Address 1555 Stratford Rd

City

Deerfield

State

IL

Zip Code

60015-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Dir, Global Communications

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

432.18

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-38

Amount of Each Receipt this Period

18.27

Full Name (Last, First, Middle Initial)

B. Deborah G. Spak

Mailing Address 1555 Stratford Rd

City

Deerfield

State

IL

Zip Code

60015-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Dir, Global Communications

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

432.18

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-41

Amount of Each Receipt this Period

18.27

Full Name (Last, First, Middle Initial)

C. Kris C. Steelman

Mailing Address PO Box 2236

City

Mountain Home

State

AR

Zip Code

72654-2236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Supply Chain

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-188

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

46.54

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kris C. Steelman

Mailing Address PO Box 2236

City

Mountain Home

State

AR

Zip Code

72654-2236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-18

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Kris C. Steelman

Mailing Address PO Box 2236

City

Mountain Home

State

AR

Zip Code

72654-2236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-15

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Elizabeth F. Stoll

Mailing Address 3014 Greendale Dr NW

City

Atlanta

State

GA

Zip Code

30327-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.64

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-52

Amount of Each Receipt this Period

11.41

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

31.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elizabeth F. Stoll

Mailing Address 3014 Greendale Dr NW

City State Zip Code
 Atlanta GA 30327-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.64

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-73

Amount of Each Receipt this Period

11.41

Full Name (Last, First, Middle Initial)

B. Elizabeth F. Stoll

Mailing Address 3014 Greendale Dr NW

City State Zip Code
 Atlanta GA 30327-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.64

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-75

Amount of Each Receipt this Period

11.41

Full Name (Last, First, Middle Initial)

c. Elizabeth L. Stoltz

Mailing Address 371 W Sparrow Dr

City State Zip Code
 Chandler AZ 85286-7762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Reimb & Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-94

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

32.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elizabeth L. Stoltz

Mailing Address 371 W Sparrow Dr

City State Zip Code
Chandler AZ 85286-7762

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Baxter Healthcare Corporation Group Mgr, Reimb & Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-143

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Elizabeth L. Stoltz

Mailing Address 371 W Sparrow Dr

City State Zip Code
Chandler AZ 85286-7762

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Baxter Healthcare Corporation Group Mgr, Reimb & Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-143

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Rana Strellis

Mailing Address 1028 Linden Leaf Dr

City State Zip Code
Glenview IL 60025-2717

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Baxter Healthcare Corporation Sr Dir, Gbl Strategy & Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-197

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rana Strellis

Mailing Address 1028 Linden Leaf Dr

City
Glenview

State
IL

Zip Code
60025-2717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Gbl Strategy & Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-115

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Rana Strellis

Mailing Address 1028 Linden Leaf Dr

City
Glenview

State
IL

Zip Code
60025-2717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Gbl Strategy & Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-118

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Mathew A. Taylor

Mailing Address 7943 Bellflower Rd

City
Mentor

State
OH

Zip Code
44060-4006

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-103

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mathew A. Taylor

Mailing Address 7943 Bellflower Rd

City

Mentor

State

OH

Zip Code

44060-4006

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-162

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Mathew A. Taylor

Mailing Address 7943 Bellflower Rd

City

Mentor

State

OH

Zip Code

44060-4006

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-164

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Erik A. Thomas

Mailing Address 25 Doral Dr

City

Hawthorn Woods

State

IL

Zip Code

60047-8432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Comm Effectiveness

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-232

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erik A. Thomas

Mailing Address 25 Doral Dr

City

Hawthorn Woods

State

IL

Zip Code

60047-8432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Comm Effectiveness

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-138

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

B. Erik A. Thomas

Mailing Address 25 Doral Dr

City

Hawthorn Woods

State

IL

Zip Code

60047-8432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir, Comm Effectiveness

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-140

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

C. Russell Thompson

Mailing Address 1170 Rivers Reach Dr

City

Charleston

State

SC

Zip Code

29492-7819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

298.46

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-122

Amount of Each Receipt this Period

12.54

SUBTOTAL of Receipts This Page (optional)..... ►

37.54

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Russell Thompson

Mailing Address 1170 Rivers Reach Dr

City State Zip Code
 Charleston SC 29492-7819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.46

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : 201412021380-192

Amount of Each Receipt this Period

12.54

Full Name (Last, First, Middle Initial)

B. Russell Thompson

Mailing Address 1170 Rivers Reach Dr

City State Zip Code
 Charleston SC 29492-7819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr, Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.46

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2014

Transaction ID : 2014120213733-194

Amount of Each Receipt this Period

12.54

Full Name (Last, First, Middle Initial)

c. Heidi M. Valle

Mailing Address 300 Cole Ct

City State Zip Code
 Mankato MN 56001-6428

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : 20141103165247-80

Amount of Each Receipt this Period

16.35

SUBTOTAL of Receipts This Page (optional)..... ►

41.43

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Heidi M. Valle

Mailing Address 300 Cole Ct

City

Mankato

State

MN

Zip Code

56001-6428

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-109

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

B. Heidi M. Valle

Mailing Address 300 Cole Ct

City

Mankato

State

MN

Zip Code

56001-6428

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Plasma Center Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-113

Amount of Each Receipt this Period

16.35

Full Name (Last, First, Middle Initial)

C. Onelia Ann Vera

Mailing Address 619 Oleander Dr

City

Hallandale Beach

State

FL

Zip Code

33009-6531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc General Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2803.62

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-238

Amount of Each Receipt this Period

117.28

SUBTOTAL of Receipts This Page (optional)..... ►

149.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Onelia Ann Vera

Mailing Address 619 Oleander Dr

City

Hallandale Beach

State

FL

Zip Code

33009-6531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2803.62

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-148

Amount of Each Receipt this Period

117.28

Full Name (Last, First, Middle Initial)

B. Onelia Ann Vera

Mailing Address 619 Oleander Dr

City

Hallandale Beach

State

FL

Zip Code

33009-6531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2803.62

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-148

Amount of Each Receipt this Period

117.28

Full Name (Last, First, Middle Initial)

c. Trudy G. Vlahos

Mailing Address 730 Lakewood Ln

City

Marquette

State

MI

Zip Code

49855-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-30

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

259.56

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Trudy G. Vlahos

Mailing Address 730 Lakewood Ln

City

Marquette

State

MI

Zip Code

49855-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-47

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Trudy G. Vlahos

Mailing Address 730 Lakewood Ln

City

Marquette

State

MI

Zip Code

49855-9518

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-47

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Christopher P. Vlautin

Mailing Address 2343 Beckett Dr

City

El Dorado Hills

State

CA

Zip Code

95762-5213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-198

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

70.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher P. Vlautin

Mailing Address 2343 Beckett Dr

City

El Dorado Hills

State

CA

Zip Code

95762-5213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-176

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Christopher P. Vlautin

Mailing Address 2343 Beckett Dr

City

El Dorado Hills

State

CA

Zip Code

95762-5213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-180

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Eric C. Walker

Mailing Address 1082 Lee Road 368

City

Valley

State

AL

Zip Code

36854-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-180

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric C. Walker

Mailing Address 1082 Lee Road 368

City State Zip Code
Valley AL 36854-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-17

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Eric C. Walker

Mailing Address 1082 Lee Road 368

City State Zip Code
Valley AL 36854-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-20

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Cary N. Wauters

Mailing Address 9212 Creemore Dr

City State Zip Code
La Crescenta CA 91214-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-93

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cary N. Wauters

Mailing Address 9212 Creemore Dr

City

La Crescenta

State

CA

Zip Code

91214-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-140

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Cary N. Wauters

Mailing Address 9212 Creemore Dr

City

La Crescenta

State

CA

Zip Code

91214-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-144

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. James M. Weidner

Mailing Address 3919 Highview Dr

City

Crystal Lake

State

IL

Zip Code

60012-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-204

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. James M. Weidner

Mailing Address 3919 Highview Dr

City

Crystal Lake

State

IL

Zip Code

60012-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-61

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. James M. Weidner

Mailing Address 3919 Highview Dr

City

Crystal Lake

State

IL

Zip Code

60012-2230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-60

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

c. John Alan Weiler

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Plant Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-153

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Alan Weiler

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Plant Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-229

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. John Alan Weiler

Mailing Address PO Box 747

Baxter Expat Admin

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Plant Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-244

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Thomas Westerkamp

Mailing Address 1844 N Wilson Pl

City

Arlington Heights

State

IL

Zip Code

60004-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-179

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

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50.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Westerkamp

Mailing Address 1844 N Wilson Pl

City

Arlington Heights

State

IL

Zip Code

60004-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-27

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Thomas Westerkamp

Mailing Address 1844 N Wilson Pl

City

Arlington Heights

State

IL

Zip Code

60004-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Mgr, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-14

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Timothy White

Mailing Address 840 Paddock Ln

City

Libertyville

State

IL

Zip Code

60048-3744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-42

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

30.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy White

Mailing Address 840 Paddock Ln

City

Libertyville

State

IL

Zip Code

60048-3744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-60

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Timothy White

Mailing Address 840 Paddock Ln

City

Libertyville

State

IL

Zip Code

60048-3744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-59

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Ronald Kent Wilson

Mailing Address 8050 Little Fox Rd

City

Amarillo

State

TX

Zip Code

79118-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-164

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

40.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald Kent Wilson

Mailing Address 8050 Little Fox Rd

City

Amarillo

State

TX

Zip Code

79118-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-249

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Ronald Kent Wilson

Mailing Address 8050 Little Fox Rd

City

Amarillo

State

TX

Zip Code

79118-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-256

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Carl Wilt

Mailing Address 38465 N Burr Oak Ln

City

Wadsworth

State

IL

Zip Code

60083-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - US MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-7

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carl Wilt

Mailing Address 38465 N Burr Oak Ln

City

Wadsworth

State

IL

Zip Code

60083-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - US MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-32

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Carl Wilt

Mailing Address 38465 N Burr Oak Ln

City

Wadsworth

State

IL

Zip Code

60083-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - US MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-25

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Scott W. Woidtke

Mailing Address 926 6th St SE

City

East Grand Forks

State

MN

Zip Code

56721-2207

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.22

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-43

Amount of Each Receipt this Period

9.90

SUBTOTAL of Receipts This Page (optional)..... ►

59.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott W. Woidtke

Mailing Address 926 6th St SE

City

East Grand Forks

State

MN

Zip Code

56721-2207

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.22

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-63

Amount of Each Receipt this Period

9.90

Full Name (Last, First, Middle Initial)

B. Scott W. Woidtke

Mailing Address 926 6th St SE

City

East Grand Forks

State

MN

Zip Code

56721-2207

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.22

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-64

Amount of Each Receipt this Period

9.90

Full Name (Last, First, Middle Initial)

C. Erica A. Wolf

Mailing Address 555 W Kinzie St
Apt 3904

City

Chicago

State

IL

Zip Code

60654-5868

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Mkt Strategy & Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-125

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

44.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erica A. Wolf

Mailing Address 555 W Kinzie St
Apt 3904

City State Zip Code
Chicago IL 60654-5868

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Mkt Strategy & Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-196

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Erica A. Wolf

Mailing Address 555 W Kinzie St
Apt 3904

City State Zip Code
Chicago IL 60654-5868

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Mkt Strategy & Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-202

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. James W. Yang

Mailing Address 3784 San Augustine Dr

City State Zip Code
Glendale CA 91206-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Dir, Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-212

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. James W. Yang

Mailing Address 3784 San Augustine Dr

City

Glendale

State

CA

Zip Code

91206-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Dir, Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-87

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. James W. Yang

Mailing Address 3784 San Augustine Dr

City

Glendale

State

CA

Zip Code

91206-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

Dir, Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-88

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Subramaniam Yogendran

Mailing Address 1 Baxter Pkwy
Df 4-2E

City

Deerfield

State

IL

Zip Code

60015-4625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Ops - MP US/Canada Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1381.44

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-223

Amount of Each Receipt this Period

57.97

SUBTOTAL of Receipts This Page (optional)..... ►

77.97

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Subramaniam Yogendran

Mailing Address 1 Baxter Pkwy
Df 4-2E

City State Zip Code
Deerfield IL 60015-4625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Ops - MP US/Canada Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1381.44

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-127

Amount of Each Receipt this Period

57.97

Full Name (Last, First, Middle Initial)

B. Subramaniam Yogendran

Mailing Address 1 Baxter Pkwy
Df 4-2E

City State Zip Code
Deerfield IL 60015-4625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Ops - MP US/Canada Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1381.44

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-130

Amount of Each Receipt this Period

57.97

Full Name (Last, First, Middle Initial)

C. Dennis Young

Mailing Address 591 Bluegrass St

City State Zip Code
Simi Valley CA 93065-5458

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

VP II, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-181

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dennis Young

Mailing Address 591 Bluegrass St

City

Simi Valley

State

CA

Zip Code

93065-5458

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

VP II, Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 201412021380-20

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Dennis Young

Mailing Address 591 Bluegrass St

City

Simi Valley

State

CA

Zip Code

93065-5458

FEC ID number of contributing
federal political committee.

C

Name of Employer

BioLife Plasma L.L.C.

Occupation

VP II, Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 21 / 2014

Transaction ID : 2014120213733-17

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Todd S. Young

Mailing Address 436 Linden St

City

Winnetka

State

IL

Zip Code

60093-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Treasurer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 20141103165247-163

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Todd S. Young

Mailing Address 436 Linden St

City
Winnetka

State Zip Code
IL 60093-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-254

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Todd S. Young

Mailing Address 436 Linden St

City
Winnetka

State Zip Code
IL 60093-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-255

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Kristie Zinselmeier

Mailing Address 41 Berkshire Ln

City
Lincolnshire

State Zip Code
IL 60069-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corporation

Occupation
VP, National & Strategic Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : 20141103165247-177

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kristie Zinselmeier

Mailing Address 41 Berkshire Ln

City

Lincolnshire

State

IL

Zip Code

60069-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, National & Strategic Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : 201412021380-9

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Kristie Zinselmeier

Mailing Address 41 Berkshire Ln

City

Lincolnshire

State

IL

Zip Code

60069-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, National & Strategic Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : 2014120213733-8

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

13754.78

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 171 OF 174

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Baxter HealthcareMailing Address 901 15th Street, NW
Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement
Transfer out of erroneous 9/3/14 deposit received

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2014

Transaction ID : VB54A6482FD8F31D4AAC

Amount of Each Disbursement this Period

2198.54

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2198.54

2198.54

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 172 OF 174

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dave Camp for CongressMailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement
Uncashed 9/18/2014 contribution

Candidate Name

David Lee CampOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : 35408FF4A67364C435C

Amount of Each Disbursement this Period

-1500.00

Full Name (Last, First, Middle Initial)

B. Hagan for US Senate Inc

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429-9103

Purpose of Disbursement
2014 General

Candidate Name

Kay R. HaganOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : C6DB2312CFAEF2CF345

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Pallone for Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
2014 General

Candidate Name

Frank Pallone Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : 7DE2237AA872A2A0DD5

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Baxter Healthcare Political Action Committee

A. Volunteers for Shimkus

Date of Disbursement

Transaction ID : 329C59FBB80E0E68064

011

Amount of Each Disbursement this Period

John M. Shimkus

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 15

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

1000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 174 OF 174

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO ELECT CLIFF ROSENBERGER

Mailing Address 7027 STATE ROUTE 350 WEST

City	State	Zip Code
CLARKSVILLE	OH	45113

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : 573EBA293DDEAE448D0

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. HUGH BLACKWELL FOR NC HOUSE

Mailing Address 321 Mountain View Ave SE

City	State	Zip Code
Valdese	NC	28690

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : 69B145710E0E16B429C

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

1000.00
